

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475017	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2026
NAME OF PROVIDER OR SUPPLIER Helen Porter Healthcare & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Porter Drive Middlebury, VT 05753	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on interviews and record review, the facility failed to maintain dignity and respect for 1 of 6 residents sampled (Resident #1). Findings include: Per interview on 1/13/26 at 11:20 AM, Resident #1 described their experience during a transfer to bed. According to the resident, as their feet began to slide on the floor, the LNA assisting them said, shh. The resident told the LNA to call for assistance, then yelled out for the staff themselves. After this, the LNA called for help. The resident recalled feeling rushed during the transfer. Once in bed, the staff member asked, Do I have anything to worry about? The resident felt this exchange was disrespectful. Per interview with the Administrator on 1/13/26 at 12:15 PM, she confirmed the resident's perspective of the interaction. Per the facility policy titled Resident Rights, effective date 7/8/24, states, You have the right to be treated with dignity and respect. The facility addressed the noncompliance before the investigation visit. Per the Administrator, a Plan of Correction (POC) was implemented around 12/25/25. The POC included the employee being dismissed, an in-service for all staff on 12/30/25 regarding Resident Rights and Abuse, a staff newsletter dated 1/2/26 that included one page on Resident Rights and Abuse, and audits on 1/6/26 and 1/12/26, which documented interviews and observations with residents regarding staff care. The plan is to continue completing audits. Based on corrective actions completed by 1/12/26, prior to the onsite investigation, this citation is designated as past non-compliance.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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